

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09905383	FILING DATE 10/82
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2		1					52
3		1					53
4		1					54
5		1					55
6		1					56
7		1					57
8		1					58
9		1					59
10		1					60
11		1					61
12		1					62
13		1					63
14		1					64
15		1					65
16		1					66
17		1					67
18		1					68
19		1					69
20		1					70
21		1					71
22		1					72
23		1					73
24		1					74
25		1					75
26		1					76
27		1					77
28		1					78
29		1					79
30		1					80
31		1					81
32		1					82
33		1					83
34	1						84
35		1					85
36		1					86
37		1					87
38		1					88
39	1						89
40		1					90
41		1					91
42		1					92
43		1					93
44		1					94
45		1					95
46		1					96
47	1						97
48		1					98
49		1					99
50	1						100
TOTAL IND.	16		3				
TOTAL DEP.	57	45					
TOTAL CLAIMS	63	48					

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						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			1			51			
102			1			52			
103			1			53			
104			1			54			
105			1			55			
106			1			56			
107			1			57			
108			1			58			
109			1			59			
110			1			60			
111						61			
112						62			
113						63			
114						64			
115						65			
116						66			
117						67			
118						68			
119						69			
120						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
81						81			
82						82			
83						83			
84						84			
85						85			
86						86			
87						87			
88						88			
89						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.						TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			

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